

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 17 1937

37557

1. PLACE OF DEATH

County Douglas  
Township Osborne  
City #2 Ave (No. 2)

Registration District No. 5384  
Primary Registration District No. 272

File No. 145  
Registered No. 145  
St. Mo Ward 3

2. FULL NAME

(a) Residence, No. Martha J. Davis St. Mo Ward 3  
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. B. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>11</u> If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hammer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hammer</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1, 1937</u>		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dixon Mo</u>		
13. NAME <u>Frank Patton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>James Burnett</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>B. J. Felda Davis</u> <u>Av 240</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Av 240</u> DATE <u>Oct 3 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Friends</u>		
20. FILED <u>11-3</u> 1937 <u>Henry Burke</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 1 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-23-</u> 19 <u>37</u> , to <u>10-1-</u> 19 <u>37</u> I last saw him alive on <u>10-1-</u> 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>39</u> m. The principal cause of death and related causes of importance were as follows: <u>Cancer of Heart of Bronchus</u> Date of onset <u>40</u>
Other contributory causes of importance: <u>Metastasis to Liver and Left Leg.</u>
Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>37</u> Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>None</u> Nature of injury <u>None</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u> (Signed) <u>McHenry</u> , M. D. (Address) <u>Av 240</u>

21/10/19  
Mr. [unclear]  
[unclear] of [unclear]  
[unclear]

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]